


Chorley Rural District Council.

Medical Officer of Health's
REPORT.

1913.



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29111183>

CHORLEY, FEBRUARY, 1914.
TO THE RURAL DISTRICT COUNCIL OF CHORLEY.

GENTLEMEN,

I am glad to be able to report that in 1913 the Death rate of the Chorley Rural District was the lowest on record since I received the honour of being appointed Medical Officer of Health by your predecessors, the Sanitary Committee of the Chorley Board of Guardians in 1875.

The Birth rate in 1913 was also higher than has been the case for the last three years.

I am sure you will be glad to know that the very extensive Sanitary improvements made by you are having some effect in prolonging the lives of the Residents in your District, and that this knowledge will be an incentive to still further proceed in this good work.

The one blot upon this report is the increase of the Infantile Mortality in 1913. I shall comment upon this later on in my Report.

The number of Births registered in the Chorley Rural District in 1913 was five hundred and thirty-three (533), from which I obtain the Birth rate of 24.2 per thousand upon the estimated population of 21,990 on July 1st, 1913.

This Birth rate is higher than any of the Birth rates during the preceding three years, but still falls far short of the rates that used to obtain in your District. I again give you the average Birth rates for the two preceding decades to show how much less the present rate is than it used to be.

				Average Population.	Average No. of Births.	Average Birth Rate.
Decade	(1891—1900)	...	...	18430	553	30
„	(1901—1910)	...	...	20402	531	26
				Estimated Population.	No. of Births.	Birth Rate.
Year	1911	...	...	21500	495	23.0
„	1912	...	...	21700	497	22.9
„	1913	...	...	21990	533	24.2

The Birth rate, as usual, was the highest in Chorley sub-district, viz, 30.0 per thousand. All the other sub-districts yielded a lower Birth rate than that estimated for Chorley Rural District as a whole. Brindle sub-district yielded a rate of 19.0, Rivington sub-district 20.7, Leyland sub-district 22.2, and Croston sub-district of 23.9.

The large number of Births in Coppull in 1913 accounts for the comparatively high Birth rate of the Chorley sub-district.

I give the number of Births and the Birth rates of each sub-district in 1913 in the following Table, and compare them with the numbers and Birth rates of the five preceding years.

TABLE A.

Sub-District.	1913.		1912.		1911.		1910.		1909.		1908.	
	Number of Births.	Birth Rate.	Number of Births.	Birth Rate.	Number of Births.	Birth Rate.	Number of Births.	Birth Rate.	Number of Births.	Birth Rate.	Number of Births.	Birth Rate.
Chorley ...	194	30.0	187	29.7	153	24.6	170	28.4	191	33.1	164	29.6
Brindle ...	62	19.0	59	18.2	69	21.5	50	15.5	84	25.9	68	20.9
Croston ...	109	23.9	83	18.4	102	25.1	95	21.5	115	26.1	113	25.9
Leyland ...	115	22.2	117	22.9	119	23.4	122	24.1	118	23.3	135	26.8
Rivington ...	53	20.7	49	19.3	52	20.1	39	15.5	50	19.9	50	20.0
Totals ...	533	24.2	495	22.9	495	23.0	476	22.4	558	26.6	530	25.5

The Birth rate throughout England and Wales in 1913 was 23.9 per thousand and for the more rural parts of the country 22.2 per thousand, consequently the Birth rate in the Chorley Rural District is somewhat in excess of that obtaining throughout the country, and more markedly so when compared with the rural districts. Two hundred and eighty-four (284) of the Births were those of Males and two hundred and forty-nine (249) of Females.

Eleven (11) Illegitimate Children were born in your District in 1913, that is, very slightly over 2 per cent. of the whole number of Births—as low a percentage of Illegitimate Births as I have to report.

Two hundred and sixty-three (263) Deaths were registered in the Rural District in 1913—giving, upon an estimated population of 21,990—the Death rate of 11.96 per thousand.

Twenty-two (22) Residents of your District died in other localities, where their Deaths were registered, whereas the Deaths of eight (8) persons not resident in your District occurred within your boundaries. The net number of Deaths of Residents was accordingly two hundred and seventy-seven (277) and the Death rate of Residents was 12.59 per thousand per annum.

Of the Deaths of Residents one hundred and forty-eight (148) were of Males and one hundred and twenty-nine (129) Females.

The Death rate throughout England and Wales in 1913 was 13.7 per thousand of the estimated population of the country, and that of the more rural parts (excluding the great and smaller towns) was 13.1 per thousand. I am glad to report to you that your Death rate is below the Death rate of the country at large.

In Table I. (Local Government Board Tables) the numbers of Deaths registered and of Residents, together with the respective Death rates calculated from these numbers, are given and are compared with similar statistics of the preceding five years. You may notice that the Death rates (both of Registered Deaths and of Deaths of Residents) were lower in 1913 than in any of the preceding five years, and, in fact, the Death rate of your District in 1913 was the lowest on record.

I am required to give in this Report the standard Death rate for your District corrected according to the local age and sex distribution, as compared with that of the whole country. The standard death rate of the Chorley Rural District for 1913 was 13.13.

The Death rate was highest in the Chorley sub-district, viz, 14.0 per thousand of the estimated population, and lowest in the Rivington sub-district, viz, 10.1; the Death rates of Croston, Brindle, and Leyland sub-districts were 11.4, 12.0, and 13.5 per thousand of the estimated population of these districts respectively.

I give in Table B the number of Deaths and the Death rates of Residents in each sub-district in 1913, and compare these numbers and rates with those obtaining in each of the five preceding years.

TABLE B.

Sub-District.	1913.		1912.		1911.		1910.		1909.		1908.	
	Number of Deaths.	Death Rate.	Number of Deaths.	Death Rate.	Number of Deaths.	Death Rate.	Number of Deaths.	Death Rate.	Number of Deaths.	Death Rate.	Number of Deaths.	Death Rate.
Chorley ..	90	14.0	84	13.3	94	15.1	80	13.3	93	16.1	71	12.7
Brindle ...	39	12.0	33	9.9	49	15.2	34	10.5	59	18.2	43	13.2
Croston ...	52	11.4	60	13.3	66	14.8	50	11.3	48	10.9	70	15.9
Leyland ...	70	13.5	88	17.2	80	15.7	79	15.6	70	13.8	75	14.9
Rivington ...	26	10.1	33	13.0	32	12.7	26	10.3	31	12.3	46	18.4
Totals ...	277	12.6	298	13.7	321	14.9	269	12.7	301	14.3	305	14.7

Thirteen (13) of the Deaths of Residents were registered without either a Medical Certificate or Inquest, that is to say, that nearly five per cent. of the Deaths were uncertified.

The Deaths of Residents in 1913 are arranged under age groups in Table III. (Local Government Board Tables), but in Table C I compare the number of Deaths in 1913 at each age group with the numbers obtaining at the same age group in the preceding two years.

TABLE C.

Year.	At all Ages.	Group 1. Under 1 Year.	Group 2. 1 and under 2.	Group 3. 2 and under 5.	Group 4. 5 and under 15.	Group 5. 15 and under 25.	Group 6. 25 and under 45.	Group 7. 45 and under 65.	Group 8. 65 and upwards.
1913	277	66	15	18	5	13	33	61	66
1912	298	57	12	15	11	11	35	70	87
1911	321	54	15	21	23	13	40	73	82

From this Table it appears that in comparison with 1912 there has been a considerable increase in the number of Deaths of Infants (Group 1), whilst the Mortality of children from five to fifteen years of age (Group 3), and from persons between forty-five and sixty-five (Group 7) and sixty-five and upwards (Group 8) especially has been markedly less than in 1912.

The Infantile Mortality or the proportion between the number of Deaths under one year of age and the number of Births was one hundred and twenty-four (124) per thousand. I regret that this rate is much heavier than has been the case for several years. The rates of Infantile Mortality for 1913 and the five preceding years are given in Table I. (Local Government Board Tables), and I give below a comparison between the rate obtaining in 1913 and the average rate of the two preceding decades.

1913.	124 per 1,000 Births.
Average Decade, 1903—1912	114 „ „
Average Decade, 1893—1902	130 „ „

You will notice that the Infantile Mortality in 1913 was ten (10) more than the average of the preceding decade and six (6) less than the average of the decade 1893—1902. The Infantile Mortality in 1913 varied very much in the different sub-districts, reaching the abnormal rate of one hundred and seventy (170) in Chorley sub-district.

The Infantile Mortality rate for the township of Coppull was one hundred and ninety-eight (198) per thousand, whilst the remaining townships of the Chorley sub-district yielded a rate of only thirty-one (31) per thousand, nearly half of the Deaths of Infants in your district having occurred in Coppull.

In the other sub-districts the rates were as follows:—Brindle, ninety-five (95); Croston, sixty-four (64); Leyland, one hundred and twenty-two (122); and Rivington sub-district one hundred and fifteen (115).

In Table IV. (Local Government Board Tables) the Deaths of Infants are arranged under the various causes to which they were due, and the various ages (weeks or months) at which they occurred.

No death occurred from any of the Zymotic diseases except from Diarrhœa and Enteritis, to which the large number of seventeen (17) were attributed. Nineteen (19) Deaths were due to Respiratory Diseases, seventeen (17) to Congenital Debility, Premature Birth, etc., one (1) to Tuberculous Disease, and twelve (12) to various other causes.

Twelve (12) of the Deaths due to Diarrhœa, etc., and eleven (11) of the Deaths due to Respiratory Diseases occurred in Coppull.

I will allude to this high rate of Infantile Mortality in Coppull later on in my report.

The Infantile Mortality throughout England and Wales in 1913 was one hundred and nine (109) per thousand Births, whilst that of the more rural districts was only ninety-six (96). It is much to be regretted that the Infantile Mortality in the Chorley Rural District has so much exceeded these rates,

Only one (1) of the Deaths of Infants was in the case of an Illegitimate child.

In Table D the Deaths of Residents are arranged under the various causes to which they were due, and the sub-districts in which the deceased had their residence.

TABLE D.

Causes of Death.	Total Number of Deaths	Chorley Sub-district.	Brindle Sub-district.	Croston Sub-district.	Leyland Sub-district.	Rivington Sub-district.
Enteric Fever	3	2	...	...	1	...
Measles	4	2	...	...	2	...
Scarlet Fever	3	1	...	..	2	...
Diphtheria	5	2	...	1	2	...
Influenza	6	2	1	2	1	...
Erysipelas	1	1	...	...	...	...
Phthisis Pulmonalis ...	13	4	2	3	3	1
Tuberculous Meningitis...	4	2	1	...	...	1
Other Tuberculous Diseases	6	2	...	...	4	...
Cancer	15	3	4	1	6	1
Meningitis	1	1	...	..	...	...
Heart Diseases	19	7	1	5	3	3
Bronchitis	19	5	3	3	6	2
Pneumonia	24	12	3	2	3	4
Other Respiratory Diseases	6	...	2	...	3	1
Diarrhœa and Enteritis...	21	16	...	1	2	2
Appendicitis	1	1	...	...	...	...
Cirrhosis of Liver	2	...	1	...	1	...
Alcoholism	1	1	...	..	...	...
Nephritis	10	3	3	3	...	1
Puerperal Fever	1	...	1	...	..	...
Accidents and Diseases of Parturition, etc. ..	2	1	1	...	...	...
Congenital Debility, Premature Birth, etc.	15	4	1	3	7	...
Violent Deaths	10	3	1	3	3	...
Suicides	1	...	...	1	..	...
Other Defined Diseases	45	7	7	13	11	7
Diseases Ill-defined ...	39	8	7	11	10	3
Totals	277	90	39	52	70	26

From this table you may see that in Chorley sub-districts there was a large number of deaths from Pneumonia and Diarrhœa, and that the Zymotic Deaths were almost confined to the sub-districts of Chorley and Leyland.

In order to compare the number of Deaths occurring in 1913 due to the various causes with those of previous years, I have adopted in Table E the old Classification of Diseases, which differs somewhat from that employed in Table III. (Local Government Board Tables).

TABLE E.

Causes of Death.	No. of Deaths, 1913.	Average No. of Deaths, 1908—1912.	No. of Deaths, 1912.	No. of Deaths, 1911.	No. of Deaths, 1910.	No. of Deaths, 1909.	No. of Deaths, 1908.
Enteric Fever	3	2.8	3	4	2	1	4
Measles	4	2.4	3	6	3		...
Scarlet Fever	3	1.8	..	5	1	2	1
Diphtheria, etc....	5	6.4	8	6	2	7	9
Whooping Cough ...	...	3.0	7	...	4	2	2
Influenza	6	3.2	2	1	...	6	7
Erysipelas	1	.2	...	...	...	...	1
Phthisis Pulmonalis ...	13	15.4	16	12	17	18	14
Other Tuberculous Diseases	10	8.4	3	12	10	6	11
Cancer	15	20.4	20	20	22	23	17
Bronchitis	19	20.2	24	23	20	17	17
Pneumonia	24	28.4	34	28	23	31	26
Other Respiratory Diseases	6	2.4	2	6	1	1	2
Diarrhœa and Enteritis	21	12.6	3	26	9	11	14
Cirrhosis of Liver ...	2	3.8	2	5	5	5	2
Puerperal Fever ...	1	.6	2	...	...	...	1
Premature Birth ...	12	8.2	10	7	5	10	9
Violent Deaths ...	10	10.0	9	11	9	6	15
Suicides... ..	1	4.6	...	3	4	8	8
All other Causes ...	121	144.0	150	146	132	147	145
Totals	277	298.8	298	321	269	301	305

The greatest diminution in the number of Deaths in 1913 as compared with the average of the preceding five years has occurred in the class of causes not specified in the above Table, but there has been to a less extent a decrease in the Mortality from Diphtheria, Whooping Cough, Cancer, Phthisis, Pneumonia, and Suicides, etc. On the other hand, there has been a decided increase in the number of Deaths due to Diarrhœa, and to a minor degree in the number of Deaths due to other Respiratory Diseases, Influenza, etc.

The Zymotic Death-rate for 1913 was 1.64 per thousand, obtained from thirty-six (36) Deaths due to Zymotic Diseases, viz, Enteric Fever, three (3); Measles, four (4); Scarlet Fever, three (3); Diphtheria, five (5); and Diarrhœa and Enteritis, twenty-one (21). The Zymotic Death rate of 1912 was 1.11, and of 1911 2.18, and the average rate for the five years preceding 1913 was 1.36,

The increase in the Zymotic Death rate in 1913 was due to the unusual number of Deaths due to Diarrhœa, the Death rate in 1913 from the other Zymotic Diseases being somewhat below the average of the five preceding years.

The Death rate from Zymotic Diseases, in 1913, varied very much in the different sub-districts, being highest in the Chorley sub-district, viz, 3.57, and in Leyland sub-district, viz, 1.74, whilst in Rivington sub-district it was 0.77, in Croston sub-district 0.33 per thousand, and in Brindle sub-district nil.

NOTIFICATION OF INFECTIOUS DISEASES.—Under the Notification of Infectious Diseases Act one hundred and sixty-seven (167) case of Zymotic Diseases were reported to me in 1913, whereas in 1912 two hundred and twenty-five (225) and in 1911 one hundred and ninety-three (193) cases were notified.

The decrease in the number of cases of Scarlet Fever notified in 1913, as compared with those reported in 1912 and 1911, was the chief factor in the fewer cases of Infectious Diseases notified in 1913.

But compared with the average number of cases reported in the preceding decade, there were more notifications of Infectious Diseases in 1913, as you will see in the following Table, in which I give the cases of each Infectious Disease notified in 1913 and the ten preceding years, and the average number for that decade (1903-1912).

TABLE F.

Year.	Smallpox.	Diphtheria, &c.	Scarlet Fever.	Typhoid Fever.	Puerperal Fever.	Erysipelas.	Ophthalmia Neonatorum.	Totals.
1913	45	103	6	1	12	...	167
Average of Decade, 1903—1912 ...	0.4	26.2	77.5	12.2	0.9	17.1	0.1	134.4
1912	35	170	5	3	11	1	225
1911	21	151	11	1	9	...	193
1910	6	41	20	1	8	...	76
1909	18	42	12	...	4	...	76
1908	30	25	13	1	19	...	88
1907	52	19	5	...	11	...	87
1906	44	65	12	...	26	...	147
1905	22	61	13	...	24	...	120
1904	19	115	11	2	38	...	185
1903 ...	4	15	86	20	1	21	...	147

In Table G I give the number of cases of each Infectious Disease notified to me from each township during the year, and the total number of cases of Infectious Diseases in each township in 1913 are compared with similar totals for each of the five preceding years. In this Table are also given the number of cases of Pulmonary Tuberculosis notified in 1912 and the numbers of cases of Tuberculosis (Pulmonary and non-Pulmonary) reported in 1913.

TABLE G.

Townships.	INFECTIOUS DISEASES, 1913.						Totals, 1913.	Totals, 1912.	Totals, 1911.	Totals, 1910.	Totals, 1909.	Totals, 1908.	TUBERCULOSIS, 1913.		Pulmonary Tuberculosis, 1912.
	Scarlet Fever.	Diphtheria and Membranous Croup.	Typhoid Fever.	Erysipelas.	Puerperal Fever.	Other Notifiable Infectious Diseases.							Pulmonary.	Non-Pulmonary.	
Charnock Richard	1	...	...	1	...	...	2	2	3	1	2	2	...	2	4
Coppull ...	29	6	4	1	...	...	40	56	6	17	18	11	12	8	11
Duxbury	...	...	...	...	...	...	...	4	7	1	1	...	...	...	...
Heapey ...	9	3	...	...	...	...	12	18	1	5	3	...	...	...	...
Welch Whittle	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
Brindle ...	1	2	...	...	...	...	3	13	11	6	...	5	2	1	2
Hoghton	...	...	...	2	...	...	2	4	...	3	1	4	1	...	...
Wheulton	3	7	...	...	1	...	11	14	2	2	3	1	2	2	...
Bretherton	...	...	...	...	...	...	...	4	2	1	9	17	3	...	1
Eccleston	...	1	...	2	...	...	3	4	38	2	3	2	...	...	1
Heskin	...	...	...	...	...	...	...	12	10	14	...	4	...	2	1
Mawdesley	...	2	...	1	...	...	3	33	46	1	2	1	...	...	1
Ulnes Walton	...	...	...	...	...	...	...	...	1	4	...	2	2	...	2
Clayton-le-Woods	9	2	...	...	...	...	11	7	3	3	2	3	2	...	2
Cuerden ...	...	4	...	...	...	...	4	1	1	...	1	...	1	...	...
Euxton ...	6	2	1	2	...	...	11	11	32	5	1	4	2	1	1
Whittle-le-Woods	28	15	1	1	...	...	45	30	15	6	17	10	3	2	3
Anderton	6	1	...	1	...	...	8	3	3	1	2	10	2	2	2
Anglezarke	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...
Heath Charnock...	10	...	...	1	...	...	11	5	10	4	10	...	2	3	3
Rivington	1	...	...	...	...	...	1	...	...	...	1	1	...	...	...
Totals	103	45	6	12	1	...	167	225	193	76	76	88	32	21	33

You may notice that more than half of the Infectious cases were notified from two townships (Whittle 45, and Coppull 40), whilst in six (6) townships there was not a single case reported in 1913.

The number of houses in which cases of Infectious Diseases occurred was one hundred and thirty-one (131), of which one hundred and three (103) yielded only one case, in twenty (20) there were two (2) cases, and in eight (8) three (3) cases.

With few exceptions the second or third notification came simultaneously, or in so short a time after the first report that I did not consider the second infection was in any way connected with the failure of the disinfection after the first case.

SCARLET FEVER.—One hundred and three (103) cases of Scarlet Fever were reported from seventy-two (72) houses in 1913, as compared with one hundred and seventy (170) in 1912, and one hundred and fifty-one (151) in 1911. From Coppull there were notified twenty-nine (29), from Whittle twenty-eight (28), Heath Charnock ten (10), Heapey and Clayton nine (9) each, Euxton and Anderton six (6) each, and a smaller number from four other townships.

The townships in the Croston sub-district, which yielded a large number of cases in the years 1911 and 1912, were entirely free from Scarlet Fever in 1913.

This disease was most prevalent in the first half of the year—eighty-three (83) cases—whilst during the last quarter only two (2) instances of Scarlet Fever were notified.

Eighty-three (83) persons were removed to the Heath Charnock Isolation Hospital, or over 80 per cent. of the whole number notified, whilst more or less sufficient isolation was secured at home in the remaining twenty (20).

Three (3) children died from Scarlet Fever, giving a Case Mortality of under 3 per cent.

DIPHTHERIA.—With the exception of the years 1901 and 1907 more cases of Diphtheria have been notified in 1913 than in any year since the passing of the Infectious Diseases Notification Act. Forty-five (45) notifications of this disease were received by me, and cases occurred in thirty-nine (39) houses. Diphtheria was notified from thirteen (13) houses in Whittle, seven (7) houses in Wheelton, six (6) in Coppull, and in eight other townships cases occurred in from one (1) to three (3) houses, whilst in ten townships no case was recorded.

In most of the houses only one case occurred, but in five (5) instances there were two (2) cases in each house.

Fifteen (15) of the sufferers were removed to the Isolation Hospital, or 33 per cent., whilst in the remaining thirty (30) isolation was attempted at their own homes.

Five (5) Deaths resulted from Diphtheria, giving a Case Mortality of 11 per cent.

I have not received the notification of this disease in some instances until after death has occurred.

Diphtheritic Antitoxin is kept by myself and the Sanitary Inspector for the use of any Medical Practitioner who applies for it. During 1913 more Antitoxin has been supplied than in any previous year, but the distances from Chorley to the outlying portions of your district is a great hindrance to the supply of Antitoxin in cases of immediate urgency.

The diagnosis of Diphtheria from other forms of Sore Throat often presents some difficulty, and I wish to recommend that your Council authorise me to take steps to secure bacteriological examinations in cases of Diphtheria in the same manner as you have already directed me in the case of Pulmonary Tuberculosis.

Upon payment of a small entrance fee to the Clinical Research Association, your Council will be enabled to have bacteriological examinations of specimens sent to the Association upon considerably reduced terms. An outfit for such examination will be sent to each Medical Practitioner in your district, and upon receipt of a specimen and after examination thereof a telegram will be sent to the Doctor attending the case, and both he and I will be written to by next post. In cases of suspected Diphtheria, Typhoid Fever, and Pulmonary Tuberculosis, I am sure it would be of great advantage both to the sufferers themselves and to the general public to have the diagnosis confirmed or otherwise, and especially in cases of Diphtheria, so that no time may be lost before using Diphtheritic Antitoxin.

Many Sanitary Authorities have joined one or other of these Associations, and I strongly recommend you to do so.

TYPHOID FEVER.—Six (6) cases of Typhoid Fever have been notified to me during the year. Four (4) occurred in Coppull and one (1) each in Euxton and Whittle.

Three (3) Deaths resulted from Typhoid Fever, giving a Case Mortality of 50 per cent.

The residence of each person suffering from Typhoid Fever was carefully examined in order to discover if possible the origin of the disease, but without any definite result.

All of these cases were treated at their own homes, and in no instance was there more than one case in the same house.

TUBERCULOSIS.—Since February, 1913, all cases of Tuberculosis, whether of the lungs or in other organs of the body, have been required to be notified to the Medical Officer of Health. From Table II. you will see that fifty-three (53) persons were certified in 1913 to be suffering from one or other form of Tuberculosis, of which number thirty-two (32) were affected with Pulmonary Tuberculosis, and twenty-one (21) with Tuberculosis of other parts of the body.

I find that in addition to the notified cases of Tuberculosis eight (8) persons about whom I have received no notification have died from Tuberculosis during the year, viz, two (2) from Phthisis Pulmonalis, two (2) from Tuerculous Meningitis, and four from Abdominal Tuberculosis.

It is evident that I am not receiving a complete list of cases of Tuberculosis, and I suggest that you should circularise the Medical Practitioners of the district, and remind them of the necessity of sending notifications of ALL cases as soon as possible after the diagnosis of this disease.

The non-Pulmonary Cases of Tuberculosis notified were as follows:—

Tuberculosis of Lymphatic Glands...	...	...	7
„ Abdomen	...	...	5
„ Cerebral Meninges	...	...	2
„ Hip Joint	...	...	2
„ Spine	...	...	1
„ Knee	...	...	1
„ Wrist	...	...	1
„ Ribs	...	...	1
„ Skin (Lupus)...	...	...	1
			—
Total			21

Ten (10) Deaths resulted from Non-Pulmonary Tuberculosis in 1913, of which four (4) occurred in notified cases and six (6) in cases not reported to me.

Thirteen (13) Deaths of Residents were registered from Phthisis Pulmonalis in 1913, of which six (6) were in cases notified in 1913, five (5) in cases notified in 1912, and two (2) of which I had no previous notification.

The Death rate from Phthisis in 1913 was 6 per ten thousand, as compared with an average rate of 7.5 in the decade 1903-1912, and an average rate of eight (8) per ten thousand in the decade 1893—1902. Though there is a gradual decrease in the Death rate from Phthisis Pulmonalis, it is not so much diminished in late years as in some other parts of the country.

In practically all the cases of Pulmonary Tuberculosis and in the great majority of the Non-Pulmonary Tuberculous cases I have visited the homes of the persons affected, ascertained the personal and family history, noted the suitability or otherwise of the dwelling-houses in which the patients lived, given to the friends a leaflet of instructions, and supplied the sufferers, where necessary, with a sputum flask in order to prevent the spread of the infection.

These and other particulars are inserted in a Register, and from it I give the following particulars:—

Twenty-eight (28) of the houses inhabited by persons suffering from Tuberculosis were found to be good, twelve (12) fair, and eight (8) unsatisfactory—of the condition of five (5) I have no record.

In twenty-seven (27) instances there was no history of any other cases of Tuberculosis amongst the near relatives—in ten (10) there had been definite cases of Tuberculosis in the family, and in sixteen (16) the history of the family was very indefinite or not ascertained.

In the majority of cases, either before or after my visit, the person suffering from Phthisis was accommodated with a separate bed, and generally slept in a separate room from the other inmates of the house.

In some instances, however, there were not sufficient bedrooms to allow a separate room for the patient. The sexes of the Tuberculosis patients were as follows:—

		Pulmonary.		Non-Pulmonary.
Males	...	14	...	14
Females	...	18	...	7
		—		—
Totals	...	32	...	21

The ages of both classes of Tuberculosis are given in Table III. (Local Government Board Tables), but the last two groups in those Tables, divided into periods of ten years, yield the following result:—

Ages.		Pulmonary.		Non-Pulmonary.
25 to 35 years	...	6	...	1
35 to 45 years	...	6	...	2
45 to 55 years	...	3	...	—
55 to 65 years	...	2	...	1

The greatest number of cases of Phthisis Pulmonalis were notified between the ages of fifteen and twenty-five years, and more than half of the cases of Non-Pulmonary Tuberculosis were reported between the ages of 5 and 15.

The occupations of the persons notified as suffering from Tubercular Lungs were as follows:—

Collier	...	...	...	...	4
Weaver	...	...	...	...	6
Winder	...	...	...	...	3
Other Mill Workers	...	...	...	...	5
Housewife	...	...	...	...	3
Furnacemen	...	...	...	...	2
Quarryman	...	...	...	...	1
Painter	...	...	...	...	1
Clerk	...	...	...	...	1
Farm Labourer	...	...	...	...	1
No definite work	...	...	...	...	4
Not known	...	...	...	...	1

Eight (8) cases of Non-Pulmonary Tuberculosis were notified to me by one or other of the School Medical Officers of the County Education Authority.

Seventeen (17) of the cases of Tuberculosis notified in 1913 were in persons insured under the National Insurance Act, of whom seven (7) were granted Sanatorium treatment up to the end of the year, two (2) of whom, however, did not avail themselves of it; three (3) were allowed special nourishment, and in one (1) case an outdoor shelter was provided for the patient by the County Insurance Committee.

Seven (7) Phthisical patients were admitted from your district into Sanatoria during 1913 (including one (1) person notified in 1912). Six (6) of these were sent to Sanatoria at the expense of the County Insurance Committee, and one (1) by the Chorley Joint Hospital Board. A period of from three to five months intervened between applications for Sanatorium treatment and reception into a Sanatorium. I have had a few applications from the Medical Practitioners for bacteriological examination of the sputum in cases of suspected Pulmonary Tuberculosis.

The rooms inhabited by Tuberculous patients have been disinfected by your workmen after removal to Sanatorium or death of the persons affected.

The Lancashire Insurance Committee have adopted a Provisional Scheme dividing the Administrative County into twenty-five districts for the appointment of District Insurance Committees. In this scheme the whole of the townships included in the Chorley Rural District are not comprised in any one district, but are distributed as follows:—

- District Committee 5, Dispensary Area 2, includes Cuerden.
- District Committee 7, Dispensary Area 4, includes Hoghton.
- District Committee 10, Dispensary Area 5 (North), includes Bretherton, Mawdesley, and Ulnes Walton.
- District Committee 14, Dispensary Area 6 (South), includes Rivington.
- District Committee 11, Dispensary Area 6 (North), includes all the other townships in the Chorley Rural District not specified above as in another District Committee or Dispensary Area.

The greater portion of the Chorley Rural District, viz, fifteen townships, with more than four-fifths of the population, is comprised in District 11, Dispensary Area 6 (North), and, in my opinion, it would be advantageous to include in that District the townships of Cuerden and Ulnes Walton, and to ask for another Representative for your Council on No. 11 District Committee, as, under the present representation your Council is inadequately represented in comparison with the other Borough and Urban Councils comprised in this Area.

Your Council appointed Representatives on these Local Committees at your meeting in April.

District Committee No. 11 has been appointed, and has commenced to discharge the duties delegated to them by the Lancashire Insurance Committee.

These duties include the investigation of applications for Sanatorium benefits—the power to recommend and grant Domiciliary and Dispensary treatment, subject to such benefit being disallowed at a subsequent meeting of the County Insurance Committee and consultation with the County Committee. The Tuberculosis Dispensary for this district is in High-street, Chorley, and it has been furnished, and is now ready for the examination, etc., of persons suffering from Tuberculosis.

At present only persons insured under the National Insurance Act are provided for in respect of Sanatorium treatment, and the wives and dependents of the Insured and other Non-Insured persons have no means of securing such treatment except by payment or through charitable institutions.

It is to be hoped that the wider scheme formulated by the Tuberculosis Commissioners will soon be taken in hand, and that it will, as soon as arrangements can be made, be possible for other than insured persons to be received into Sanatoria, either gratuitously, when absolutely requisite, or upon payment of such sums as can be reasonably expected when the circumstances of the patients are considered.

DISINFECTION.—All houses in which there has been a case of Scarlet Fever, Diphtheria, Typhoid Fever, or Pulmonary Tuberculosis have been disinfected either after the removal of the patient to a Hospital or Sanatorium, or at the termination of the illness.

The method of disinfection is as follows:—Spraying the infected clothing or bedding with formalin solution, fumigating the infected rooms with burning sulphur, and supplying plentifully the householder with Izal to use for washing the clothes, etc., used by the patient subsequent to the spraying with formalin.

You have given me authority to send clothing, bedding, etc., to the Chorley Steam Disinfector in those cases that I think it necessary to do so. I have availed myself of this permission in eight (8) instances during 1913. Whilst our system of disinfection is not an ideal one, I cannot but say that it has generally proved effective in preventing the spread of the infection, and I have very rarely had reason to believe that a second case has occurred in a house owing to insufficient disinfection.

The Schools that have been closed on account of the prevalence of Infectious Diseases amongst the Scholars have been disinfected by your workmen, and I have requested the Managers to arrange for a thorough washing of the floors and desks with disinfectant solutions.

At your meeting in January you decided to supply gratuitously disinfectants to all the Elementary Schools in your District.

HOUSING AND TOWN PLANNING.—One hundred and thirty-two (132) houses have been inspected under the provisions of this Act in 1913.

I give in Tabular form below the results of the year's inspections:—

TABLE H.

Number of Dwelling-houses inspected	132
Number of Dwelling-houses reported to Council as unfit for habitation and Closing Orders issued (Sec. 17)	5
Number of Dwelling-houses closed	4
Number of Dwelling-houses made fit for habitation after service of Closing Order (one inspected in 1911)	2
Number of Dwelling-houses reported to Council for notice under Sec. 15	27
Number of Dwelling-houses in which defects were remedied after notice under Sec. 15	27
Number of Dwelling-houses reported to Council for defects under Public Health Act	14
Number of Dwelling-houses in which defects were remedied after notice under Public Health Act	11
Number of Dwelling-houses in which defects were remedied after informal notice	38
Number of Dwelling-houses inspected in which there was no defect requiring notice	29
Number of Dwelling-houses visited in 1913, but notices not served till 1914	14

As usual the houses were inspected with reference to light, ventilation, cleanliness, dampness, state of roof, floors, stairs, water supply, closet accommodation, drainage, condition of yards, passages, outhouses, etc.; arrangement for deposit of ashes and refuse and any other defect rendering the house dangerous or injurious to health.

As you will see from Table H, in twenty-nine (29) houses there was no defect in any of these conditions sufficient to require a notice to the landlord.

In the next Table (Table I) I give a list of the number of Dwelling-houses in which each defective or unhealthy condition was found.

In some houses there was only one defect, but in many there were several faulty conditions.

TABLE I.

Number of Dwelling-houses in which the Water supply was defective	4
Number of Dwelling-houses in which the Closets were insanitary	37
Number of Dwelling-houses in which the Drainage was defective	51
Number of Dwelling-houses in which the Ventilation was deficient	82
Number of Dwelling-houses in which the Floors, Stairs, etc., were defective	37
Number of Dwelling-houses which were in a dirty condition	33
Total Defects found	244

The Sanitary Inspector visited all the houses inspected at least twice, and in some instances three or more visits had to be paid before the houses were put into a satisfactory condition of repair.

Plans for seventy-two (72) new houses have been passed by your Council during 1913, nearly half of which, viz, thirty-four (34) were for houses to be erected in Coppull, and plans for twelve (12) houses in Heskin, ten (10) in Eccleston, six (6) in Ulmes Walton, and one (1) or two (2) in six other townships received your approval.

The Chorley Rural District is not so insufficiently furnished with artisans and workmen's dwelling-houses as is the case in some other rural districts, but in some townships there is a shortage of good houses to fully accommodate the population, especially in reference to bedrooms, where the family is large, and the number of inmates in excess of the average.

WATER SUPPLY.—The more populous portions of your district have public water supplies—and fifteen (15) out of twenty-one (21) townships are thus provided with good and sufficient water in a greater or less extent of their area.

There are four (4) public water supplies in your district, viz:—
1. From Liverpool Waterworks, to supply Coppull by gravitation. 2. From Thirlmere Aqueduct (Manchester Corporation), pumped to a reservoir in Heapey, to supply Heapey, Wheelton, Whittle, and Clayton. 3. From Thirlmere Aqueduct, pumped to a reservoir in Anderton to supply Anderton, Heath Charnock, and a small portion of Duxbury. 4. From Thirlmere Aqueduct, by gravitation, to supply Euxton, Eccleston, Ulmes Walton, Bretherton, Heskin, Welch Whittle, and Charnock Richard.

Generally the supply in these townships has been satisfactory during the year, though from time to time complaints have been made as to the constancy of supply and quality of the water. These complaints have been due to the necessary repairs, etc., required in the Thirlmere Aqueduct.

You carefully considered the question of extending the main in Duxbury along Wigan-lane, so as to supply about ten houses, but decided to leave the matter in abeyance as the cost would be heavy, and none of the owners of the property to be supplied offered to contribute any portion of the cost, though they had been written to upon the subject.

The alterations from the steam engine to gas engine at the Anderton and Heath Charnock Waterworks, and the substituting for the old draw-off main by a new one of larger size from the Reservoir have been completed and a better supply of water for the higher portions of Heath Charnock thereby secured.

Several houses have been connected to the mains, especially in the Western townships, and you have directed in some instances that the water from wells suspected to be polluted be analysed, and in cases where such suspicion was proved to be well founded you have served notice upon the landlord to provide a supply of wholesome water.

The six townships without a public water supply are as follows:—

Anglezarke—Very scarcely populated, chiefly moorland, and fairly supplied with water.

Brindle—Water supply generally good and sufficient.

Hoghton—Many of the farms and houses in this district have been provided with a good supply of water by the enterprise of the landowner.

Cuerden—In this township also some of the houses and farms have been supplied with water by the landlord.

Rivington—Scarcely populated, and well supplied with good water.

Mawdesley—In some parts of this township I do not consider that there is a good supply of water fit for domestic purposes. It was intended that this township should be included in the Western Water Supply, but owing to the strong protest made by the ratepayers this intention was not carried out.

A public well at Brindle, which was liable to be contaminated by cattle, etc., has been altered so as to prevent such pollution.

COWSHEDS AND DAIRIES. MILK SUPPLY.—A considerable proportion of the inhabitants in your District are farmers, and there are some who not only supply milk to persons resident in the neighbourhood, but also take it to Chorley, or send it to other towns in the County. ,

There are one hundred and ninety (190) Cowkeepers and Purveyors of Milk on the Register.

As far as possible, your Inspector visits the Cowsheds, etc., and ascertains whether the Bye-laws made by you are carried out properly. The general condition of these Cowsheds is being gradually improved, and, from time to time, notices have been served by you upon the owners to remedy defects in lighting, ventilation, etc., in accordance with your Bye-laws.

I wish to recommend that you instruct your Officials to send to all Cowkeepers on the Register, and to any other farmer where we may think it necessary, a copy of the Board of Agriculture's leaflet (No. 151) on Cleanliness in the Dairy. In this leaflet many valuable hints and directions are given relating to the methods for securing cleanliness in milking, and in the utensils for receiving and carrying the milk. These leaflets are provided without cost by the Board of Agriculture, and I am sure some good would be accomplished by their wider circulation.

I have on previous occasions commented upon the necessity of cleanliness in the persons who milk the cows, and in the cows' udders and hinder quarters, as well as in the milking utensils.

I know that in many cases one or more of these conditions of cleanliness necessary for the yield of good, clean milk are wholly disregarded.

Under the Tuberculosis (Animals) Order twenty-four (24) Cows suffering from Tuberculosis have been slaughtered in 1913,

SLAUGHTER-HOUSES.—In the townships of Coppull, Clayton-le-Woods Whittle-le-Woods, Heapey, and Wheelton Bye-laws are in force.

I think it would be advantageous to extend the provisions of these Bye-laws to other townships, and recommend the consideration of this question to your Council.

I have reason to believe that the slaughtering of animals, diseased or otherwise unfit for food, is taking place in your District, and that the carcasses are either disposed of in the neighbourhood or taken to the nearest town and sold for human consumption.

It is most difficult for your Officers to detect this practice, considering the wide area over which you have jurisdiction, and the secrecy with which the slaughtering of these diseased animals is conducted.

Some of the farmers send for your Inspector where they have killed a cow, but in a great majority of cases nothing is heard about the matter, or only when it is too late to take any action.

Two carcasses of Tuberculous Cows and the offal of other Cows have been condemned during 1913 as unfit for human food and destroyed.

In one instance, however, your Inspector discovered the carcass of a Cow dressed for sale and, upon inspection, I seized it and brought it before a Magistrate, who condemned it as unfit for food. Your Council directed that the owner should be prosecuted, with the result that he was fined £20 and costs.

Until the slaughtering of all animals intended for sale for the food of man is confined to licensed slaughter-houses, I fear it will be impossible altogether to prevent this traffic in diseased meat.

FOOD AND DRUGS.—The taking of samples of Food and Drugs, and submitting them to analysis in order to detect adulteration have been carried out by the County Police as usual.

Seventy-five (75) Samples have been taken from Shopkeepers, Milk-sellers, etc., in thirteen (13) townships, but no prosecution for adulteration of any of the articles purchased has been undertaken. The following list gives the various articles of food of which samples were taken and the number of samples of each article:—Milk, forty-four (44); Butter, five (5); Cheese, one (1); Lard, two (2); Sugar, two (2); Coffee, four (4); Pepper, four (4); Vinegar, two (2); Tea, one (1); Yeast, one (1); Ginger, one (1); Whisky, three (3); and Rum, five (5).

SEWERAGE AND SEWAGE DISPOSAL WORKS.—Generally the Sewage Disposal Works have proved efficient in the purification of the Sewage, and no marked failure has been reported during the year by the Rivers Pollution Committee.

You have bought eight acres of land adjacent to the Clayton-le-Woods and Whittle-le-Woods Sewage Works for the more effectual purification of the sewage and irrigation over land.

There are eight (8) Sewage Disposal Works in your District, viz, three (3) at Coppull, and one (1) in each of the following townships or group of townships:—Whittle and Clayton, Heapey and Wheelton, Euxton, Eccleston and for a small portion of Heath Charnock.

The sewage of the townships of Anderton and Heath Charnock, which have public sewers, is discharged into the Adlington main sewer and treated at the Sewage Disposal Works in Adlington.

The methods of treatment used at all of these Sewage Disposal Works were stated in my Report for 1911.

You have discussed the question of providing Sewage Disposal Works in other localities, but the cost has been considered prohibitive.

In Table K you will notice that a considerable amount of laying new drains and repairing old ones has been carried on during the year.

SCAVENGING.—The removal of privy contents, ashes, and house refuse is carried out by contract with farmers, etc., in seven townships, viz, Coppull, Anderton, Heath Charnock, Euxton, Whittle, Clayton, and Wheelton.

These contractors have generally done their work satisfactorily, though there has been some laxness in one or two instances during the year.

The cesspools at Bretherton and Mawdesley have also been emptied by contract during 1913.

In some townships your Officers have experienced considerable difficulty in securing the prompt removal of privy contents and house refuse.

At present the duty of such removal is incumbent upon the tenants, and they often find difficulty in carrying out this work, even when they are willing to do it. I think this question should receive your attention during the ensuing year.

FACTORIES AND WORKSHOPS.—I give in the Home Office Table relating to Factories and Workshops statistics concerning these buildings.

Forty-six (46) visits have been paid by your Inspector to Factories and Workshops, and twenty-one (21) nuisances under the Public Health Acts have been found. All of these nuisances were speedily remedied.

The number of Workshops on the Register in 1913 was nearly double that recorded in 1912.

The underground Bakehouse mentioned in my Report for 1912 has been altered to our satisfaction, and your Council have accordingly granted a certificate for its use.

The alterations in the Sanitary Conveniences and redrainage of the Factories, etc., stated in my last Report to have been ordered but not carried out, have been completed in 1913.

SCHOOLS.—The Education Authority for the Schools in the Chorley Rural District is the Administrative County of Lancaster Education Committee, and the Schools in your district are comprised in Areas 14 and 15. Consequently the duty of School Medical Inspection does not come within your province, and the chief matter of interest to you, as a Sanitary Authority, is the question of Infectious Disease prevalent amongst children attending the Elementary Schools.

During 1913 three (3) Schools were closed by your orders, and on my recommendation on account of Infectious Disease being prevalent amongst the children.

School.	Period of Closure.	Cause.
Whittle, C. of E. School ...	March 18th to April 9th ...	Scarlet Fever, Diphtheria, etc.
Euxton, R.C. School ...	Nov. 7th to Dec. 1st ...	Measles
Euxton, C. of E. School ...	Nov. 24th to Dec. 15th ...	Measles

The County Education Committee have, since the commencement of 1914, directed the School Attendance Officers to send me weekly a list of Schools where children are absent on account of illness, and the nature of the illness causing such absence.

This information will be of service in obviating the necessity of closing schools, as hitherto I generally have not had information about the presence of Infectious Diseases until the cases had become so numerous that exclusion of individual scholars would have been quite ineffectual in stopping the spread of the disease. Now, I hope, to be able to exclude scholars suffering from Infectious Diseases, and others who, though not attacked, come from a house in which there is a case of such disease.

NOTIFICATION OF BIRTHS ACT.—You have had the question of adopting this Act under discussion on more than one occasion during the year, and decided to enquire from the Local Government Board whether it was possible to adopt it for some portions of your District, especially the most populous townships. The subject has been deferred for your further consideration. In the compact township of Coppull there would be very little difficulty, I consider, in the working of the Act, and in this township there is certainly a need for its adoption.

In the more rural districts the necessity is by no means so urgent, and the area of your district is so wide that there would be very considerable difficulty in the satisfactory working of the Act if you resolve to adopt it, as it would be impossible for one or two Health Visitors to visit in such a district as yours.

The work of the Sanitary Inspector is continually increasing, and considering the wide area of your District and his multifarious duties it is impossible for him to visit and inspect the various factories, workplaces, cowsheds, etc., as often as is desirable. The list of Sanitary improvements made and nuisances abated subsequent to informal or statutory notices bears witness to his untiring zeal and ability.

TABLE K.

TOWNSHIP.	Drains and Sewers Repaired or Relaid.	Privies Converted into Pail Closets.	Sanitary Dust Bins Provided.	Overcrowding Abated.	Water Supply Improved.	Privies and Ashpits Repaired.	Offensive Accumulations Removed.	Other Nuisances Removed.	TOTALS.
Charnock Richard	5	...	...	...	3	...	8	1	17
Coppull ...	20	6	6	...	...	2	3	22	59
Duxbury	...	...	...	...	...	...	4	3	7
Heapey ...	1	...	...	..	...	...	...	4	5
Welch Whittle ...	1	...	...	...	...	...	2	...	3
Brindle ...	1	...	...	1	...	...	...	2	4
Hoghton	...	...	...	...	...	1	3	1	5
Wheelton	3	...	...	2	...	...	3	...	8
Bretherton	3	...	...	...	...	...	...	3	6
Eccleston	8	...	...	...	9	...	4	1	22
Heskin ...	1	...	..	...	...	...	3	...	4
Mawdesley	2	...	...	...	...	...	...	2	4
Ulnes Walton	8	...	...	...	13	8	...	...	29
Clayton-le-Woods	6	15	15	...	...	...	...	...	36
Cuerden...	...	...	...	...	...	...	6	3	9
Euxton ...	5	2	3	...	7	1	2	5	25
Whittle-le-Woods	12	8	8	...	...	...	...	20	48
Anderton	2	...	6	...	...	...	7	6	21
Anglezarke	4	..	...	...	...	..	...	...	4
Heath Charnock	5	...	...	...	...	...	...	13	18
Rivington	1	...	...	...	...	...	...	1	2
Totals ...	88	31	38	3	32	12	45	87	336

I have the honour to be,

Gentlemen,

Your obedient Servant,

JAMES A. HARRIS.

TABLE I.
Vital Statistics of whole District during 1913 and previous years.

Year.	Population estimated to Middle of each Year.	BIRTHS			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Nett.		Number.	Rate.	of Non-residents Registered in the District.	of Residents not Registered in the District.	Under 1 Year of Age		At all Ages.	
			Number.	Rate.					Number.	Rate per 1000 Nett Births	Number.	Rate.
1	2		4	5	6	7	8	9	10	11	12	13
1908	20750	530	...	25.5	298	14.4	4	11	56	106	305	14.70
1909	20990	558	...	26.6	291	13.9	7	17	48	86	301	14.34
1910	21240	476	...	22.4	255	12.0	4	18	55	116	269	12.66
1911	21500	495	...	23.0	320	14.9	18	19	54	109	321	14.93
1912	21700	494	497	22.9	293	13.5	14	19	57	115	298	13.73
1913	21990	533	533	24.2	263	11.96	8	22	66	124	277	12.59

Area of District in acres (land and inland water), 39,983 ; Total population at all ages, 21,494 ;
Number of inhabited houses, 4,543 ; Average number of persons per house, 4.731, at
Census, 1911.

TABLE II.

Cases of Infectious Disease notified during the Year 1913.

Notifiable Disease.	No. of Cases Notified.							Total Cases Notified in each Locality.					Total Cases Removed to Hospital.	
	At all Ages.	Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 years and upwards.	Chorley Sub-district.	Brindle Sub-district.	Croston Sub-district.	Leyland Sub-district.		Rivington Sub-district.
Diphtheria (including Membranous Croup) ...	45	...	...	...	...	...	...	...	9	9	3	23	1	15
Erysipelas ...	12	...	...	...	...	...	...	...	2	2	3	3	2	..
Scarlet Fever ...	103	...	...	...	...	...	...	...	39	4	...	43	17	83
Enteric Fever ...	6	...	...	...	...	...	...	...	4	...	...	2	...	..
Puerperal Fever ...	1	...	...	...	...	...	...	...	..	1	...	...	..	...
Pulmonary Tuberculosis ...	32	1	...	3	11	12	5	...	12	5	5	6	4	7*
Other forms of Tuberculosis ...	21	...	2	13	2	3	1	...	11	3	2	1	4	...
Totals ...	220	...	...	...	.	...	...	...	77	24	13	78	28	105

*Notified 1913, 6; Notified 1912, 1; Total removed to Sanatorium, 7.

Isolation Hospital: Heath Charnock, in Chorley Rural District.

TABLE III.

Causes of, and Ages at, Death during the Year 1913.

CAUSES OF DEATH.	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.									Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District
	All Ages.	Under One Year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	
All causes { Certified ...	264	62	15	18	5	13	31	55	65	Isolation Hospital.
Uncertified ...	13	4	...	...	...	...	2	6	1	
Enteric Fever	3	...	...	...	...	1	1	1	...	...
Measles	4	...	2	2	...	...	...	...	...	...
Scarlet Fever	3	...	1	2	...	...	...	...	...	5
Diphtheria and Croup ...	5	...	2	2	1	...	...	...	...	3
Influenza	6	...	...	...	...	...	3	2	1	...
Erysipelas	1	...	...	...	...	1	...	...	...	...
Phthisis (Pulmonary Tuberculosis)	13	1	...	...	1	3	7	1	...	..
Tuberculous Meningitis ...	4	...	1	1	2	...	...	..	...	...
Other Tuberculous Disease	6	...	2	2	...	1	...	1	...	...
Cancer, Malignant Disease	15	...	...	..	...	1	1	5	8	...
Meningitis... ..	1	...	...	1	...	..	...	...	...	...
Organic Heart Disease ...	19	...	...	...	...	...	3	12	4	...
Bronchitis	19	4	1	...	..	...	2	5	7	...
Pneumonia (all forms) ...	24	15	2	...	1	...	1	3	2	...
Other Diseases of Respiratory Organs	6	...	1	1	...	...	3	...	1	...
Diarrhœa and Enteritis ...	21	17	2	1	...	...	...	...	1	...
Appendicitis and Typhlitis	1	...	...	1	...	...	...	...	...	...
Cirrhosis of Liver... ..	2	..	...	...	..	...	...	1	1	...
Alcoholism	1	...	...	...	...	...	...	1	...	...
Nephritis and Bright's Disease	10	...	...	...	...	1	1	3	5	...
Puerperal Fever	1	...	...	...	...	...	1	...	...	...
Other Accidents and Diseases of Pregnancy and Parturition	2	...	...	...	...	1	1	...	...	...
Congenital Debility and Malformation, including Premature Birth	15	15	...	...	...	...	...	...	...	...
Violent Deaths, excluding Suicide... ..	10	..	1	2	...	1	3	3	...	...
Suicide	1	..	...	..	...	...	1	...	...	...
Other Defined Diseases ...	45	7	...	3	...	2	3	15	15	...
Diseases ill-defined or unknown	39	7	..	...	...	1	2	8	21	...
Totals	277	66	15	18	5	13	33	61	66	8

TABLE IV.
INFANT MORTALITY DURING THE YEAR 1913.
 Nett Deaths from stated causes at various Ages
 under One Year of Age.

Cause of Death.	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under one year
All Causes { Certified ... Uncertified ..	14 1	2 ..	.. ..	1 ..	17 1	8 1	14 ..	17 1	7 ..	63 3
Other Tuberculous Diseases	..	..	..	..	..	..	..	1	..	1
Bronchitis ... ..	..	..	..	..	..	..	2	2	..	4
Pneumonia (all forms)	..	..	..	..	..	3	5	4	3	15
{ Diarrhoea ... ..	..	..	..	..	..	1	1	2	..	4
{ Enteritis	1	..	..	..	1	3	2	5	2	13
Syphilis ... ..	..	..	..	..	..	..	1	..	..	1
Atelectasis	1	..	..	..	1	..	..	..	..	1
{ Congenital Malformations..	..	..	..	..	..	..	1	..	..	1
{ Premature Birth	9	2	..	..	11	1	..	..	..	12
{ Atrophy, Debility, and Marasmus	2	..	..	..	2	..	..	1	..	3
Other Causes	2	..	..	1	3	1	2	3	2	11
Totals	15	2	..	1	18	9	14	18	7	66

Nett Births in the year : Legitimate, 522 ; Illegitimate, 11. Nett Deaths in
 the year of : Legitimate Infants, 65 ; Illegitimate Infants, 1.

Inspection of Factories, Workshops, and Workplaces.
 Including Inspections made by Sanitary Inspector or Inspector of Nuisances.

Premises.	Inspections.	Written Notices.
Factories (including Factory Laundries) ...	6	2
Workshops (including Workshop Laundries) ...	40	19
	—	—
Total	46	21

Defects found in Factories, Workshops, and Workplaces.

Particulars.					Found.	Remedied.
Nuisances under the Public Health Acts :—						
Want of Cleanliness	...	...	...	...	10	10
Want of Ventilation	...	...	...	...	2	2
Other Nuisances	...	...	...	...	5	5
Sanitary Accommodation—Insufficient	...	...	...	...	2	2
„ „ Unsuitable or Defective	...	...	...	...	2	2
Total					21	21

Registered Workshops.

Workshops on the Register at the end of the year.							Number.
Workshops	...	...	...	...	...	...	33
Bakehouses	...	...	...	...	...	...	10
Total number of Workshops on Register							43

Other Matters.

Class.					Number.
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (s. 5, 1901) :—					
Notified by H.M. Inspector					18
Reports (of action taken) sent to H.M. Inspector...					18
Underground Bakehouses :—					
Certificates granted during the year					1
In use at the end of the year					1